

04-700886

CLAIMS AS FILED - PART I

SMALL ENTITY
TYPE ☐

OR
OTHER THAN
SMALL ENTITY

| (Column 1) | | (Column 2) |
|---|--------------|--------------|
| CLAIMS | | |
| | NUMBER FILED | NUMBER EXTRA |
| CHARGEABLE CLAIMS | 5 minus 20 = | |
| INDEPENDENT CLAIMS | 1 minus 3 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

| RATE | FEE |
|-----------|-----|
| BASIC FEE | |
| XS 9= | |
| X40= | |
| +135= | |
| TOTAL | |

| RATE | FEE |
|-----------|-----|
| BASIC FEE | 860 |
| XS18= | |
| X80= | |
| +270= | |
| TOTAL | 860 |

If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

SMALL ENTITY

OR
OTHER THAN
SMALL ENTITY

| (Column 1) | | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 12 | Minus .. 20 | = |
| Independent | 1 | Minus ... 3 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDI-TIONAL FEE |
|------------|-----------------|
| XS 9= | |
| X40= | |
| +135= | |
| TOTAL | |
| ADDIT. FEE | |

| RATE | ADDI-TIONAL FEE |
|------------|-----------------|
| XS18= | |
| X80= | |
| +270= | |
| TOTAL | |
| ADDIT. FEE | |

AMENDMENT B

| (Column 1) | | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | Minus .. | = |
| Independent | | Minus ... | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDI-TIONAL FEE |
|------------|-----------------|
| XS 9= | |
| X40= | |
| +135= | |
| TOTAL | |
| ADDIT. FEE | |

| RATE | ADDI-TIONAL FEE |
|------------|-----------------|
| XS18= | |
| X80= | |
| +270= | |
| TOTAL | |
| ADDIT. FEE | |

AMENDMENT C

| (Column 1) | | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | Minus .. | = |
| Independent | | Minus ... | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDI-TIONAL FEE |
|------------|-----------------|
| XS 9= | |
| X40= | |
| +135= | |
| TOTAL | |
| ADDIT. FEE | |

| RATE | ADDI-TIONAL FEE |
|------------|-----------------|
| XS18= | |
| X80= | |
| +270= | |
| TOTAL | |
| ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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